

May 2023

1
<<GROUP NAME>>
<<GROUP STREET>>
<<GROUP CITY, STATE ZIP CODE>>

Re: Notice of Proposed Premium Rate Change

<<Class ID>>

Plan Description

<<Marketing Plan Name>>

HIOS ID

<<HIOS ID>>

Dear Group Administrator:

Excellus BlueCross BlueShield is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2024. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

<<CLASS ID>>

Plan: Marketing Plan Name

If approved, the percentage change to your group's premium is <<%>>

Plan: Marketing Plan Name

If approved, the percentage change to your group's premium is <<%>>

Plan: Marketing Plan Name

If approved, the percentage change to your group's premium is <<%>>

Plan: Marketing Plan Name

If approved, the percentage change to your group's premium is <<%>>

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

As you know, changes in medical costs, population characteristics and other factors have an impact on projected health care costs. To account for these changes, Excellus BlueCross BlueShield modifies rates annually. DFS's view of these matters may differ. If you look below, you can find links to a more complete explanation of why the rate adjustment is being requested. The links to the health plan and DFS websites will connect you to a narrative, written in plain English, that explains this in greater detail.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact the Plan for additional information at:

- P.O. Box 21146
Eagan, MN 55121
- 1-855-374-7462
- www.excellusbcbs.com/contactus

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS website or via standard mail as follows:

DFS website: https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

United States Postal Service:

NYS Department of Financial Services
Health Bureau - Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is Excellus BlueCross BlueShield
2. The name of your plan as listed on your identification card
3. Indicate you have Small Group coverage
4. Your HIOS identification number, which is:

<<Class ID>>

Plan Description	HIOS ID
Marketing Plan Name	<<HIOS ID>>
Marketing Plan Name	<<HIOS ID>>
Marketing Plan Name	<<HIOS ID>>
Marketing Plan Name	<<HIOS ID>>

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain English Summary of Rate Change



We have prepared a plain English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Excellus BlueCross BlueShield website: <https://excellusbcbs.com/employer/rates>

DFS website:

https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2024 renewal date.

Thank you for trusting us with your health care coverage.

Best in health,

A handwritten signature in black ink, appearing to read "Todd Muscatello", with a long horizontal flourish extending to the right.

Todd Muscatello
SVP Segment Strategy & Performance

May 2023

1
<<GROUP NAME>>
<<GROUP STREET>>
<<GROUP CITY, STATE ZIP CODE>>

Subject: Subscriber Initial Notification Letters

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This is why we are sending you a supply of letters and are requesting that you distribute them to your employees who have their health care coverage through our company.

It is imperative that you distribute the notices in a timely manner, as there is only a 30 day window of opportunity for questions to be submitted to the New York State Department of Financial Services.

The enclosed letters explain the requested rate adjustment that we are submitting on or about May 10, 2022, for use on or after your renewal date in 2024. The actual rate change will not be known until the approval is granted.

We appreciate your assistance and thank you for granting us the opportunity to provide you and your employees with quality health coverage.

Best in health,



Todd Muscatello
SVP Segment Strategy & Performance



May 2023

<<SUBSCRIBER NAME>>
<<SUBSCRIBER STREET>>
<<SUBSCRIBER CITY, STATE ZIP CODE>>

Re: Notice of Proposed Premium Rate Change

Plan Description

HIOS ID

<<Marketing Plan Name>>

<<HIOS ID>>

Dear <<Subscriber First Name>>:

Excellus BlueCross BlueShield is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2024. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

If approved, the percentage change to your premium is <<%>>.

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

As you know, changes in medical costs, population characteristics and other factors have an impact on projected health care costs. To account for these changes, Excellus BlueCross BlueShield modifies rates annually. DFS's view of these matters may differ. If you look below, you can find links to a more complete explanation of why the rate adjustment is being requested. The links to the health plan and DFS websites will connect you to a narrative, written in plain English, that explains this in greater detail.

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NYS Department of Financial Services
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One Commerce Plaza
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is Excellus BlueCross BlueShield
2. The name of your plan as listed on your identification card
3. Indicate you have Small Group coverage
4. Your HIOS identification number, which is 78124NY0990313-00

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain English Summary of Rate Change

We have prepared a plain English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Excellus BlueCross BlueShield website: <https://excellusbcbs.com/member/rates>

DFS website: https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rate noted above, you will receive final rate information at least 60 days before your 2023 renewal date.

Best in health,



Todd Muscatello
SVP Segment Strategy & Performance



Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number:
1-800-614-6575 TTY number:
1-800-421-1220 Fax: 315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

